

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIALING

### REGISTERED SANITARIAN

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

|                               |                          |
|-------------------------------|--------------------------|
| Date of Birth                 | Daytime Telephone Number |
| ____ month ____ day ____ year | ( ____ ) ____ - ____     |

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan  
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander  
☐ Hispanic ☐ Other

**Degree Awarded:** (choose one) ☐ A baccalaureate or higher degree in environmental or public health sanitation from an accredited college or university with academic credits in physical, biological and environmental health areas and one year of employment in the field of environmental health.  
☐ A baccalaureate or higher degree from an accredited college or university and 2 years of employment in the field of environmental health.  
☐ Two years of training at an accredited community college or technical institute with major courses in the physical, biological or environmental health area and 3 years of employment in the field of environmental health.  
☐ A high school diploma and 8 years of employment in the field of environmental health.

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The registered sanitarian license expires on 12-31 of the odd-numbered years. It may be renewed for a two year period at that time.

### APPLICATION FEES

I wish to become registered by:

#### Original Registration Exam Candidates

☐ \$ 53.00 (Make check payable to Dept. of Regulation & Licensing and attach to this application)

All applicants must qualify for examination by meeting provisions of HFS Chapter 160.05 of the Wis. Admin. Code.

\$ 15.00 Contract fee

\$ 10.00 DOA fee

\$ 117.00 RSEHP examination fee

**Total Fee: \$195.00**

#### Endorsement/Reciprocal Candidates

☐ \$ 53.00 (Make check payable to Dept. of Regulation & Licensing and attach to this application)

Current registration required in another state.

### For Receipting Use Only

# Wisconsin Department of Regulation & Licensing

**AN APPLICATION FOR LICENSURE IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

## **Original Licensure Exam Candidates**

Application form (Form #2696)

Original official transcripts of college, university and post-graduate work

2 Letters of reference from persons other than relatives who have personal knowledge of applicant's education or experience in the field of environmental health.

## **Endorsement/Reciprocal Candidates**

Application form (Form #2696)

Photocopy of current registration in another state

Letter of good standing directly from state boards where you hold a current registration (must include date of registration, registration number, name exam taken and final grade)

Original official transcripts of college, university and post-graduate work

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## **EDUCATION**

|             | Date of Graduation | Name and Location of School |
|-------------|--------------------|-----------------------------|
| High School |                    |                             |

**Attach ORIGINAL official transcript(s) of your College, University and Post-Graduate Work. Copies of student issued transcripts will not be accepted (attach additional sheets if necessary).**

| Name of School | Dates Attended<br>mm/dd/yy | Major | Diploma or Degree Received | Date of Graduation |
|----------------|----------------------------|-------|----------------------------|--------------------|
|                |                            |       |                            |                    |
|                |                            |       |                            |                    |
|                |                            |       |                            |                    |
|                |                            |       |                            |                    |
|                |                            |       |                            |                    |

List other relevant education courses satisfactorily completed such as vocational school, correspondence, armed services specialized courses, short courses, business school, etc. Give date, name and/or course number and duration of course and name of school or sponsoring organization **(attach additional sheets if necessary).**

| Name of School/Sponsoring Organization | Dates Attended<br>mm/dd/yy | Course Name | Certificate Received (if applies) |
|--|----------------------------|-------------|-----------------------------------|
|  |                            |             |                                   |
|  |                            |             |                                   |
|  |                            |             |                                   |
|  |                            |             |                                   |
|  |                            |             |                                   |

# Wisconsin Department of Regulation & Licensing

## EMPLOYMENT (Include all relevant information relating to Environmental Health Experience.)

- If you hold a baccalaureate or higher degree in environmental or public health sanitation from an accredited college or university with academic credits in physical, biological and environmental health areas list one year of employment in the field of environmental health.
- If you hold a baccalaureate or higher degree from an accredited college or university list 2 years of employment in the field of environmental health.
- If you attend two years of training at an accredited community college or technical institute with major courses in the physical, biological or environmental health area list 3 years of employment in the field of environmental health.
- If you only hold a high school diploma list 8 years of employment in the field of environmental health.

List in detail all positions you have held for at least the above required years in Environmental Health work experience. Start with the position you now hold. Give nature of specific duties and degree of responsibility. Use separate sheet, if necessary to complete listing or to explain all job duties. Only currently dated resumes may supplement the completed application. Specific hours must accompany all part-time employment. Month, date and year are required.

### PLEASE TYPE OR PRINT IN INK

Current position held:

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full/Part-time

(circle one)

No. of Part-time hours:

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full/Part-time

(circle one)

No. of Part-time hours:

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full/Part-time

(circle one)

No. of Part-time hours:

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full/Part-time

(circle one)

No. of Part-time hours:

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets if necessary.)

## REFERENCES (NOT REQUIRED FOR ENDORSEMENT/RECIPROCITY APPLICANTS)

Provide two letters of reference from persons other than relatives who have personal knowledge of applicant's education or experience in the field of environmental health. (attach to application)

# Wisconsin Department of Regulation & Licensing

## OTHER STATE/COUNTRY LICENSE VERIFICATION

In which states/countries are you now, or have ever been credentialed? (please list below) For each current state listed, have each state provide a letter of good standing. This letter needs to include date of registration, registration number, name of exam taken and final grade.

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## **ANSWER THE FOLLOWING QUESTIONS:** (Attach additional sheets if necessary)

|  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination or national board examination? If yes, give details on an attached sheet.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) Complete Form #2252.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) Complete Form #2252. <b>NOTE: If you are convicted of a misdemeanor or a felony during the time that your application is pending, you must notify the department of the change in your conviction record.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).  | <input type="checkbox"/> | <input type="checkbox"/> |

# Wisconsin Department of Regulation & Licensing

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

|  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 10. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your use of chemical substance(s) in any way impair or limit your ability to practice with reasonable skill and safety? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you currently engaged in the illegal use of controlled dangerous substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. _____   | <input type="checkbox"/> | <input type="checkbox"/> |

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## AFFIRMATION OF APPLICANT

The undersigned states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned and is informed and understands that the provision of false information on an application may be grounds for denial of a license, or revocation of a license issued in reliance upon false information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name

\_\_\_\_\_  
Profession

Date of Birth      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                                 month                                      day                                      year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.